



# FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

|                                  |                        |                        |
|----------------------------------|------------------------|------------------------|
| JONES                            | ANTAIRIA               | 10/10/1997             |
| <b>Last Name</b>                 | <b>First Name</b>      | <b>MI DOB</b>          |
| HARDEN, TARANGELIA               |                        | 8004459990             |
| Parent or Guardian (Last, First) | Child's SS# (optional) | State Immunization ID# |

**Directions:**

\* For additional information: See DH Form 150-615, *Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes* (July 2010) for information and instructions on form completion and immunization requirements. Guidelines are available at: [www.ImmunizeFlorida.org/schoolguide.pdf](http://www.ImmunizeFlorida.org/schoolguide.pdf).

| VACCINE           | DOE CODE | Dose 1<br>MM/DD/YYYY | Dose 2<br>MM/DD/YYYY | Dose 3<br>MM/DD/YYYY | Dose 4<br>MM/DD/YYYY | Dose 5<br>MM/DD/YYYY |
|-------------------|----------|----------------------|----------------------|----------------------|----------------------|----------------------|
| DTaP/DTP          | A        | 12/09/1997           | 02/13/1998           | 04/14/1998           | 02/11/1999           | 10/26/2001           |
| DT                | B        |                      |                      |                      |                      |                      |
| Tdap              | P        | 11/18/2008           |                      |                      |                      |                      |
| Td                | Q        |                      |                      |                      |                      |                      |
| Polio             | D        | 12/09/1997           | 02/13/1998           | 10/08/1998           | 10/26/2001           | Complete             |
| HIB               | E        | 12/09/1997           | 02/13/1998           | 04/14/1998           | 10/08/1998           |                      |
| MMR (Combined)    | F        | 10/08/1998           | 10/26/2001           |                      |                      |                      |
| (Separate)        | G,H      |                      |                      |                      |                      |                      |
|                   |          | Measles (dose 1)     | Measles (dose 2)     | Mumps (dose 1)       | Mumps (dose 2)       |                      |
|                   | I        |                      |                      |                      |                      |                      |
|                   |          | Rubella (dose 1)     | Rubella (dose 2)     |                      |                      |                      |
| Hepatitis B       | J        | 11/04/1997           | 12/09/1997           | 04/14/1998           |                      |                      |
| Varicella         | K        | 09/20/2001           | 09/04/2012           |                      |                      |                      |
| Varicella Disease | L        |                      |                      |                      |                      |                      |
|                   |          | Year                 |                      |                      |                      |                      |
| PneumoConju       | N        | Complete             |                      |                      |                      |                      |

## Certificate of Immunization for K-12

PART A DOE Code 1: Immunizations are complete K-12 (Excluding 7<sup>th</sup> grade/middle school requirements)

DOE Code 8: Immunizations are complete for 7<sup>th</sup> grade

I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above.

Physician or Clinic Name:

PALM GLADES RURAL HEALTH ASSOC  
217 WEST AVENUE A  
BELLE GLADE, FL 33430  
(561) 992-4888

Physician or

Authorized Signature: RICHARD FISHER

Electronic Certification: QWB7PK5F7K5

Date: 08/02/2017

Issued By: VANESSA SANCHEZ

DH 680 7/10



DH687

## IMMUNIZATION CLINIC RECORD CARD

JONES, ANTAIRIA  
 414 AVENIDA DE LECHUGA  
 SOUTH BAY, FL 33493  
 Phone: (561)914-7207 DOB: 10/10/1997  
 Race: BLACK/AFRICAN AM SSN:

Medicaid ID#:  
 State Immunization ID: 8004459990  
 Clinic Loc: PALM GLADES RURAL HEALTH ASSOC  
 WIC ID:

Contraindications: N/A

Adverse Reaction: N/A

Client's Age Today: 19 yrs/9 mos

Form DH 1478 Provided [ ]

| Series/Dose | DteGivn  | Mfg/Lot#    | Vaccine Type | VFC      | Rte/Site | Service Provider | In? | VIS Dte | VIS Recipient | Consent? |
|-------------|----------|-------------|--------------|----------|----------|------------------|-----|---------|---------------|----------|
| OTHER       | 03/04/16 | PMC U5304AB | FLU3Y+ PF    | Medicaid | IM/LA    | PPUPLOAD         | N   |         |               |          |
| HEP A 2     | 03/04/16 | SKB 294X9   | HEP A        | Medicaid | IM/LA    | PPUPLOAD         | N   |         |               |          |
| HPV 2       | 03/04/16 | MSD K011562 | HPV4         | Medicaid | IM/RA    | PPUPLOAD         | N   |         |               |          |
| HEP A 1     | 07/16/15 | SKB 3RB2G   | HEP A        | Medicaid | IM/LA    | PPUPLOAD         | N   |         |               |          |
| HPV 1       | 07/14/15 | MSD K011325 | HPV4         | Medicaid | IM/LA    | PPUPLOAD         | N   |         |               |          |
| MEN 2       | 07/14/15 | PMC U4847AA | MCV4         | Medicaid | IM/RA    | PPUPLOAD         | N   |         |               |          |
| VZV 2       | 09/04/12 | Historic    | VZV          |          |          | Historic         | Y   |         |               |          |
| MEN 1       | 08/05/10 | Historic    | MCV4         |          |          | Historic         | N   |         |               |          |
| DTAP 6      | 11/18/08 | Historic    | TDAP         |          |          | Historic         | N   |         |               |          |
| DTAP 5      | 10/26/01 | Historic    | DTAP         |          |          | Historic         | N   |         |               |          |
| MEASLES 2   | 10/26/01 | Historic    | MMR          |          |          | Historic         | N   |         |               |          |
| MUMPS 2     | 10/26/01 | Historic    | MMR          |          |          | Historic         | N   |         |               |          |
| POLIO 4     | 10/26/01 | Historic    | IPV          |          |          | Historic         | N   |         |               |          |
| RUBELLA 2   | 10/26/01 | Historic    | MMR          |          |          | Historic         | N   |         |               |          |
| VZV 1       | 09/20/01 | Historic    | VZV          |          |          | Historic         | N   |         |               |          |
| DTAP 4      | 02/11/99 | Historic    | DTAP         |          |          | Historic         | N   |         |               |          |
| HIB 4       | 10/08/98 | Historic    | HIB PRP-T    |          |          | Historic         | N   |         |               |          |
| MEASLES 1   | 10/08/98 | Historic    | MMR          |          |          | Historic         | N   |         |               |          |
| MUMPS 1     | 10/08/98 | Historic    | MMR          |          |          | Historic         | N   |         |               |          |
| POLIO 3     | 10/08/98 | Historic    | IPV          |          |          | Historic         | N   |         |               |          |
| RUBELLA 1   | 10/08/98 | Historic    | MMR          |          |          | Historic         | N   |         |               |          |
| DTAP 3      | 04/14/98 | Historic    | DTAP         |          |          | Historic         | N   |         |               |          |
| HEP B 3     | 04/14/98 | Historic    | HEP B        |          |          | Historic         | N   |         |               |          |
| HIB 3       | 04/14/98 | Historic    | HIB PRP-T    |          |          | Historic         | N   |         |               |          |
| DTAP 2      | 02/13/98 | Historic    | DTAP         |          |          | Historic         | N   |         |               |          |
| HIB 2       | 02/13/98 | Historic    | HIB PRP-T    |          |          | Historic         | N   |         |               |          |
| POLIO 2     | 02/13/98 | Historic    | IPV          |          |          | Historic         | N   |         |               |          |
| DTAP 1      | 12/09/97 | Historic    | DTAP         |          |          | Historic         | N   |         |               |          |
| HEP B 2     | 12/09/97 | Historic    | HEP B        |          |          | Historic         | N   |         |               |          |

Date Printed: 08/02/2017

Page 1 of 2

DH687

## IMMUNIZATION CLINIC RECORD CARD

JONES, ANTAIRIA  
414 AVENIDA DE LECHUGA  
SOUTH BAY, FL 33493  
Phone: (561)914-7207 DOB: 10/10/1997  
Race: BLACK/AFRICAN SSN:  
AM

Medicaid ID#:  
State Immunization ID: 8004459990  
Clinic Loc: PALM GLADES RURAL HEALTH ASSOC  
WIC ID:

| Series/Dose | DteGivn  | Mfg/Lot# | Vaccine Type | VFC | Rte/Site | Service Provider | In? | VIS Dte | VIS Recipient | Consent? |
|-------------|----------|----------|--------------|-----|----------|------------------|-----|---------|---------------|----------|
| HIB 1       | 12/09/97 | Historic | HIB PRP-T    |     |          | Historic         | N   |         |               |          |
| POLIO 1     | 12/09/97 | Historic | IPV          |     |          | Historic         | N   |         |               |          |
| HEP B 1     | 11/04/97 | Historic | HEP B        |     |          | Historic         | N   |         |               |          |

Varicella: Disease \_\_\_/\_\_\_/\_\_\_ [ ] Parental Recall

[ ] Physician Documentation

Date Printed: 08/02/2017

Page 2 of 2